

August 28, 2002

Re: Medical Dispute Resolution  
MDR #: M2-02-0953-01  
IRO Certificate No.: IRO 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation and in Electromyography and Electrodiagnostic Medicine.

**The reviewer AGREES with the determination made by the insurance carrier in this case. The reviewer is of the opinion that a pain management program is not medically necessary at this point in treatment in this case.**

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

**A copy of this decision should be attached to the request.** The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 28<sup>TH</sup> day of August 2002.**

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_\_. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0953-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. **MEDICAL INFORMATION REVIEWED:**

1. Request for review of denial of a pain management program with 22 visits, namely the PRIDE Program.
2. An extensive amount of letters from \_\_\_\_\_.
3. An extensive amount of chiropractic and physical therapy notes, short histories, and narratives.
4. Neurological evaluation--This is the only place where a diagnosis actually appears in the report. The diagnosis given by \_\_\_\_\_ is that the patient has lumbar strain and lumbar radiculitis bilaterally, left greater than right, and lumbar disk disease. He recommended MRI's and then EMG's. The MRI's were done, and they do show an L5-S1 disk bulge. An EMG was done also which was completely normal, except that bilaterally at around L5-S1 he found some

positive waves. Thus, both the EMG and MRI seemed to correlate, and there probably is a radiculopathy present at L5-S1.

The physical examinations are not helpful because on some of the physicals, the sensory exams are normal, but a few days later they are abnormal, and the examiners generally combined the subjective and objective findings. Thus, it appears that this gentleman in question has at least a mild radiculopathy. At least, this is what the correspondence indicates.

B. BRIEF CLINICAL HISTORY:

Again, this is best obtained from the neurologist. The clinical history is that this gentleman, at age 40, on \_\_\_\_ twisted his back and heard a pop when he was unloading luggage from a bus and moving the bags. He had continued pain the next day and has had pain ever since, having some good and bad days.

C. DISPUTED SERVICE:

The disputed service is a pain management program, the PRIDE Program, for 22 visits.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER TO DENY THE PAIN MANAGEMENT PROGRAM.

E. RATIONALE OR BASIS FOR DECISION:

As I stated in the medical information reviewed, this gentleman has been injured for approximately one year. The PRIDE Program is well known as an excellent program, and \_\_\_\_ is, of course, internationally known as running an excellent program. Thus, I have no problems at all with the pain management program, and I am certain that if it were indicated, the gentleman would receive the best possible care under the auspices of \_\_\_\_ PRIDE Program. This is not my basis for denial.

The basis is that, although technically this gentleman fits the definition of chronic pain, it is extremely early to be putting him in a pain management program. I believe that he could benefit from care if the care was guided with the diagnosis in mind that he has a mild radiculopathy as stated by the neurologist. It does not appear that it is surgical, but it also appears that it has not been treated as a radiculopathy but as perhaps what some individuals call mechanical low back pain. He has not had the McKenzie

assessment, the best that I could tell, and this might be of value. I cannot tell that he has had any corsetting.

It is not my prerogative to discuss the appropriateness of the care or how the gentleman could be cared for \_\_\_\_ is certainly an expert in this area.

However, I see no benefit whatsoever from a pain management program in an individual who has a clearly defined and treatable condition. It seems that the condition should be treated, i.e., the treatment should be aimed at the radicular component of his back pain rather than merely assuming that he has pain which cannot be removed. Part of the rationale for a pain management program lies in the fact that the pain cannot be taken away.

Thus, despite the massive amount of treatment this gentleman has had, perhaps a fresh look needs to be taken, with the recommendations of the neurologist who was consulted in mind, and that he be treated as an individual with a bilateral radiculitis from a small disk. I cannot, in good conscience, recommend the PRIDE Program or any other pain management program, despite the fact that it is certainly a well-known, renowned, and excellent pain management program.

If his problem is an overuse-type problem, I believe that a pain management program probably would make him worse, and I believe a work hardening program would also make him worse. It may be that he would only benefit from mechanical modalities. Certainly, the McKenzie program is worth trying on this individual.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 August 2002